

**INSTRUCTIONS FOR COMPLETING THE SMALL LOCAL BUSINESS ENTERPRISE (SLBE) PROGRAM
CERTIFICATION APPLICATION**

NOTE: If you require additional space for any question in this application, please attach additional sheets or copies as needed, taking care to indicate on each attached sheet/copy the section and number of this application to which it refers.

Section 1: GENERAL INFORMATION

A. Contact Information

- (1) State the legal name of your firm, as indicated in your firm's Articles of Incorporation.
- (2) State the street address of your firm (i.e. the physical location of its offices -- not a post office box address).
- (3) State the mailing address of your firm, if it is different from your firm's street address.
- (4) State the City, State and Zip Code.
- (5) State the name and title of the person who will serve as your firm's primary contact under this application.
- (6) Indicate the primary phone number of your firm.
- (7) Indicate your firm's fax number, if any.
- (8) Indicate your firm's or your contact person's email address.
- (9) Indicate your firm's website address, if any.

B: Business Profile

- (1) Check the appropriate box that describes the legal form of ownership of your firm, as indicated in your firm's Articles of Incorporation
- (2) Give the date on which your firm was officially established, as stated in your firm's Articles of Incorporation.
- (3) Give the date on which you and/or each other owner took ownership of the firm.
- (4) In the box provided, briefly describe the primary business and professional activities in which your firm engages.
- (5) Give the Federal Tax ID number of your firm as provided on your firm's filed tax returns, if you have one. This could also be the Social Security number of the owner of your firm.
- (6) Check the appropriate box that describes the manner in which you and each other owner acquired ownership of your firm. If you checked "Other," explain in the space provided
- (7) Check the appropriate box that indicates whether your firm is "for profit".
- (8) Check the appropriate box that indicates whether your firm has ever existed under different ownership, a different type of ownership, or a different name. If you checked "Yes," specify which and

briefly explain the circumstances in the space provided.

- (9) Indicate in the spaces provided how many employees your firm has, specifying the number of employees who work on a full-time and part-time basis.
- (10) Specify the total gross receipts of your firm for each of the past three years, as declared in your firm's filed tax returns.

A. Relationships with Other Businesses

- (1) Check the appropriate box that indicates whether your firm is co-located at any of its business locations, or whether your firm shares a telephone number(s), a post office box, any office space, a yard, warehouse, other facilities, any equipment, or any office staff with any other business, organization, or entity of any kind. If you answered "Yes," then specify the name of the other firm(s) and briefly explain the nature of the shared facilities or other items in the space provided.
- (2) Check the appropriate box that indicates whether at present, or at any time in the past:
 - (a) Your firm has been a subsidiary of any other firm;
 - (b) Your firm consisted of a partnership in which one or more of the partners are other firms;
 - (c) Your firm has owned any percentage of any other firm; and
 - (d) Your firm has had any subsidiaries of its own.
- (3) Check the appropriate box that indicates whether any other firm has ever had an ownership interest in your firm.
- (4) If you answered "Yes" to any of the questions in (2)(a)-(d) or (3), identify the name, address and type of business for each.

B. Immediate Family Member Businesses

Check the appropriate box that indicates whether any of your immediate family members own or manage another company. An "immediate family member" is any person who is your father, mother, husband,

wife, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, mother-in-law, or father-in-law. If you answered "Yes," provide the name of each relative, your relationship to them, the name of the company they own or manage, the type of business, and whether they own or manage the company.

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below (if your firm has more than one owner, provide completed copies of this section for each additional owner):

A. Background Information

- (1) Give the name of the owner.
- (2) State his/her title or position within your firm.
- (3) Give his/her home phone number.
- (4) State his/her home (street) address.
- (5) Check the appropriate box that indicates this owner's gender.
- (6) Check the appropriate box that indicates this owner's ethnicity (check all that apply). If you checked "Other," specify this owner's ethnic group/identity not otherwise listed.
- (7) Check the appropriate box to indicate whether this owner is a U.S. citizen.
- (8) If this owner is not a U.S. citizen, check the appropriate box that indicates whether this owner is a lawfully admitted permanent resident. If this owner is neither a U.S. citizen nor a lawfully admitted permanent resident of the U.S., then this owner is NOT eligible for certification as a DBE owner. This, however, does not necessarily disqualify your firm altogether from the DBE program if another owner is a U.S. citizen or lawfully admitted permanent resident and meets the program's other qualifying requirements.

B. Ownership Interest

- (1) State the number of years, during which this owner has been an owner of your firm.
- (2) Indicate the dollar value of this owner's initial investment to acquire an ownership interest in your firm, broken down by cash, real estate, equipment, and/or other investment.
- (3) State the percentage of total ownership control of your firm that this owner possesses.
- (4) State the familial relationship of this owner to each other owner of your firm.

- (5) Indicate the number, percentage of the total, class, date acquired, and method by which this owner acquired his/her shares of stock in your firm.
- (6) Check the appropriate box that indicates whether this owner performs a management or supervisory function for any other business. If you checked "Yes," state the name of the other business and this owner's title or function held in that business.
- (7) Check the appropriate box that indicates whether this owner owns or works for any other firm(s) that has any relationship with your firm. If you checked "Yes," identify the name of the other business and this owner's title or function held in that business. Briefly describe the nature of the business relationship in the space provided.

Section 4: CONTROL

A. Identify your firm's Officers and Board of Directors:

- (1) In the space provided, state the name, title, and date of appointment of each officer of your firm.
- (2) In the space provided, state the name, title, and date of appointment of each individual serving on your firm's Board of Directors.
- (3) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above performs a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
- (4) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the officer or director, and the nature of his/her business relationship with that other firm.

B. Identify your firm's management personnel (by name and title) who control your firm in the following areas:

- (1) Making of financial decisions on your firm's behalf, including the acquisition of lines of credit, surety bonds, supplies, etc.;
- (2) Estimating and bidding, including calculation of cost estimates, bid preparation and submission;

- (3) Negotiating and contract execution, including participation in any of your firm's negotiations and executing contracts on your firm's behalf;
- (4) Hiring and/or firing of management personnel, including interviewing and conducting performance evaluations;
- (5) Field/Production operations supervision, including site supervision, scheduling, project management services, etc.;
- (6) Signing company checks (for any purpose);
- (7) Conducting any other financial transactions on your firm's behalf not otherwise listed;
- (8) Office Management;
- (9) Marketing and sales; and
- (10) Purchase of major equipment.
- (11) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
- (12) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the name of the person, and the nature of his/her business relationship with that other firm.

C. Indicate your firm's inventory in the following categories:

1. Equipment

State the type, make and model, and current dollar value of each piece of equipment held and/or used by your firm. Indicate whether each piece is either owned or leased by your firm.

2. Vehicles

State the type, make and model, and current dollar value of each motor vehicle held and/or used by your firm. Indicate whether each vehicle is either owned or leased by your firm.

3. Office Space

State the street address of each office space held and/or used by your firm. Indicate whether your firm owns or leases the office space and the current dollar value of that property or its lease.

4. Storage Space

State the street address of each storage space held and/or used by your firm. Indicate whether your firm owns or leases the storage space and the current dollar value of that property or its lease.

5. Does your firm rely on any other firm for management functions or employee payroll?

Check the appropriate box that indicates whether your firm relies on any other firm for management functions or for employee payroll. If you answered "Yes," briefly explain the nature of that reliance and the extent to which the other firm carries out such functions.

D. Financial Information

(1) Banking Information

- (a) State the name of your firm's bank.
- (b) Give the main phone number of your firm's bank branch.
- (c) Give the address of your firm's bank branch.

(2) Bonding Information

- (a) State your firm's Binder Number.
- (b) State the name of your firm's bond agent and/or broker.
- (c) Give your agent's/broker's phone number.
- (d) Give your agent's/broker's address.
- (e) State your firm's bonding limits (in dollars), specifying both the Aggregate and Project Limits.

E. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of persons or firms securing the loan, if other than the listed owner:

State the name and address of each source, the original dollar amount and the current balance of each loan, and the purpose for which each loan was made to your firm.

F. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years:

Indicate in the spaces provided, the type of contribution or asset that was transferred, its current dollar value, the person or firm from whom it was transferred, the person or firm to whom it was transferred, the relationship between the two persons and/or firms, and the date of the transfer.

G. List current licenses/permits held by any owner or employee of your firm.

List the name of each person in your firm who holds a professional license or permit, the type of permit or license, the expiration date of the permit or license, and the license/permit number and issuing State of the license or permit.

H. List the three largest contracts completed by your firm in the past three years, if any.

List the name of each owner or contractor for each contract, the name and location of the projects under each contract, the type of work performed on each contract, and the dollar value of each contract.

I. List the three largest active jobs on which your firm is currently working.

For each active job listed, state the name of the prime contractor and the project number, the location, the type of work performed, the project start date, the anticipated completion date, and the dollar value of the contract.

Section 5: FOR SUPPLIERS

Complete if you are a supplier

- (1) Making of financial decisions on your firm's behalf, including the acquisition of lines of credit, surety bonds, supplies, etc.;
- (2) Indicate all the material that your firm currently markets;
- (3) Specify the types of supplies provided by your firm, indicate if your firm takes ownership title to the goods supplied to customers, and state whether the business stock the goods it supplies to customers on property owned or leased by the firm.

CITY OF KANSAS CITY, MISSOURI
SMALL LOCAL BUSINESS ENTERPRISE APPLICATION

HUMAN RELATIONS DEPARTMENT

414 E. 12th St.-4th Floor City Hall

Kansas City, MO 64106

(816) 513-1836 Phone

(816) 513-1805 Fax

SECTION 1: GENERAL INFORMATION

A. Contact Information

(1) Business Name:			
(2) Physical Address:			
(3) Mailing Address <i>(if different)</i> :			
(4) City:	County/Parish:	State:	Zip:
(5) Contact Person:		Title:	
(6) Telephone Number:		(7) Fax #:	
(8) E-mail:		(9) Website (if applicable):	

☒ STOP! If your firm's principal place of business is outside the following counties: Cass, Clay, Jackson, Johnson, Platte, Wyandotte, and Leavenworth, you do NOT qualify for this program and do NOT need to fill out this application.

B. Business Profile

(1) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC:	
(2) This firm was established on ____/____/____	(3) I/We have owned this firm since: ____/____/____
(4) Describe the primary business activities of the firm:	
(5) Federal Tax ID (if any):	
(6) Method of acquisition <i>(check all that apply)</i> : <input type="checkbox"/> Started new business <input type="checkbox"/> Bought existing business <input type="checkbox"/> Inherited business	<input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Secured concession <input type="checkbox"/> Other <i>(explain)</i>
(7) Is your firm "for profit"? ____ Yes ____ No	

☒ STOP! If your firm is NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application.

(8) Has your firm ever existed under different ownership, or a different name? ____ Yes ____ No If yes, explain:

(9) Number of employees: Full-time _____ Part-time _____ Total _____
(10) Specify gross receipts of the firm for the last 3 years from Federal Tax Forms: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Year: _____ Total Receipts \$ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Year: _____ Total Receipts \$ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Year: _____ Total Receipts \$ _____ </div>

☒ STOP! If your Annual Gross Receipts averaged over 3 consecutive years exceeds (5%) of the applicable business size standard for the SBA General Contractor Classification NAICS Code 236220, which is \$33.5M or \$1.674M(5%), you do NOT qualify for this program and do NOT need to fill out this application.

C. Relationships with Other Businesses

(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization, or entity? ____ Yes ____ No		
If yes, identify:		
Firm's Name	Nature of shared facilities	
(2) At present, or at any time in the past, has your firm:		
(a) Been a subsidiary of any other firm?	____ Yes ____ No	
(b) Consisted of a partnership in which one or more of the partners are other firm(s)?	____ Yes ____ No	
(c) Owned any percentage of any other firm(s)?	____ Yes ____ No	
(d) Had any subsidiaries?	____ Yes ____ No	
(3) Has any other firm had any ownership interest in your firm, at present or at any time in the past? ____ Yes ____ No		
(4) If you answered "Yes" to any of the questions in (2)(a)-(d) and/or (3), identify the following for each <i>(attach extra sheets, if needed):</i>		
Name	Address	Type of Business
1.		
2.		
3.		

D. Immediate Family Member Businesses

Do any of your immediate family members own or manage another company? ____ Yes ____ No				
If yes, then list <i>(attach extra sheets, if needed)</i> :				
Name	Relationship	Company	Type of Business	Own or Manage?
1.				
2.				
3.				

SECTION 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below (*if more than one owner, attach separate sheets for each additional owner*):

A. Background Information

(1) Name:	(2) Title:	(3) Home Phone #:
(4) Home Address (<i>street and number</i>): City: State: Zip:		
(5) Gender: ___ Female ___ Male		(6) Ethnic group membership (<i>check all that apply</i>): ___ Black ___ Hispanic ___ Native American ___ Asian Pacific ___ Subcontinent Asian ___ Other (<i>specify</i>)
(7) U.S. Citizen: ___ Yes ___ No		
(8) Lawfully Admitted Permanent Resident: ___ Yes ___ No		

B. Ownership Interest

(1) Number of years as owner:			(2) Initial investment to acquire ownership interest in firm:	
(3) Percentage owned:			Type	Dollar Value
(4) Familial relationship to other owners:			<input type="checkbox"/> Cash	\$
			<input type="checkbox"/> Real Estate	\$
			<input type="checkbox"/> Equipment	\$
			<input type="checkbox"/> Other	\$
(5) Shares of Stock:				
Number	Percentage	Class	Date Acquired	Method Acquired
(6) Does this owner perform a management or supervisory function for any other business? ___ Yes ___ No If Yes, identify:				
Name of Business			Function/Title	
(7) Does this owner own or work for any other firm(s) that has a relationship with this firm (<i>e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.</i>)? If Yes, identify:				
Name of Business		Function/Title		Nature of Business Relationship

SECTION 4: CONTROL

A. Identify your firm's Officers & Board of Directors (if additional space is required, attach a separate sheet):

Name	Title	Date Appointed	
(1) Officers of the Company	(a) _____	_____	
	(b) _____	_____	
	(c) _____	_____	
	(d) _____	_____	
	(e) _____	_____	
(2) Board of Directors	(a) _____	_____	
	(b) _____	_____	
	(c) _____	_____	
	(d) _____	_____	
	(e) _____	_____	
(3) Do any of the persons listed (1) and/or (2) above perform a management or supervisory function for any other business? If Yes, identify for each:		Yes No	
Person	Title	Business	Function
_____	_____	_____	_____
_____	_____	_____	_____
(4) Do any of the persons listed (1) and/or (2) above own or work for any other firm(s) that has a relationship with this firm (e.g. ownership interest, shared office space, financial investments, equipment, etc.)? If Yes, identify for each:		Yes No	
Firm Name	Person	Nature of Business Relationship	
_____	_____	_____	
_____	_____	_____	

B. Identify your firm's management personnel who control your firm in the following areas (if additional space is required, attach a separate sheet):

Management Area	Name	Title
(1) Financial Decisions (responsibility for acquisition of lines of credit, surety bonding, supplies, etc.)	(a) _____	_____
	(b) _____	_____
(2) Estimating (cost estimates, scheduling, bid preparation, negotiations)	(a) _____	_____
	(b) _____	_____
(3) Negotiating and Contract Execution	(a) _____	_____
	(b) _____	_____
(4) Hiring and Firing of Management Personnel	(a) _____	_____
	(b) _____	_____
(5) Field superintendents/project managers, supervisor	(a) _____	_____
	(b) _____	_____
(6) Authorized to Sign Company Checks (for any purpose)	(a) _____	_____
	(b) _____	_____

(continue management/personnel)

Management Area	Name	Title
(7) Authorized to make Financial Transactions	(a) _____ (b) _____	_____ _____
(8) Office Management	(a) _____ (b) _____	_____ _____
(9) Marketing/Sales (locating prospective projects)	(a) _____ (b) _____	_____ _____
(10) Purchase of major equipment	(a) _____ (b) _____	_____ _____

(11) Do any of the persons listed in (1)-(10) above perform a management or supervisory function for another business? ___ Yes ___ No

If Yes, identify for each:

Person	Title	Business	Function

(12) Do any of the persons listed in (1)-(10) above own or work for any other firm(s) that has a relationship with this firm (*e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.*)? ___ Yes ___ No

If Yes, identify for each:

Firm Name	Person	Nature of Business Relationship

C. Indicate your firm's inventory in the following categories (*attach additional sheets if needed*):

(1) Equipment

Type of Equipment	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

(2) Vehicles

Type of Vehicle	Make/Model	Current Value	Owned or Leased?

(3) Office Space

Street Address	Owned or Leased?	Current Value of Property or Lease
(a)		
(b)		

(4) Storage Space

Street Address	Owned or Leased?	Current Value of Property or Lease
(a)		
(b)		

(5) Does your company rely on any other firm for management functions or employee payroll? __Yes __No

If Yes, explain:

D. Financial Information

(1) Banking Information			
(a) Name of Bank:		(b) Telephone Number:	
(b) Address of Bank:	City:	State:	Zip:
(2) Bonding Information: If you have bonding capacity, identify:			(a) Binder No:
(b) Name of Agent/Broker:		(c) Telephone Number:	
(d) Address:	City:	State:	Zip:
(e) Bonding Limit: Aggregate Limit \$		Project Limit \$	

E. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of any persons or firms securing the loan, if other than the listed owner:

Name of Source	Address of Source	Name of Person Securing the Loan	Original Amount	Current Balance	Purpose of Loan
1.					
2.					
3.					

F. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years (attach additional sheets if needed):

Contribution/Asset	Dollar Value	From Whom Transferred	To Whom Transferred	Relationship	Date of Transfer
1.					
2.					
3.					

G. List current licenses/permits held by any owner and/or employee of your firm (e.g. contractor, engineer, architect, etc)

Name of License/Permit Holder	Type of License/Permit	Expiration Date	License Number & State
1.			
2.			
3.			

H. List the three largest contracts completed by your firm in past three years, if any:

Name of Owner/Contractor	Name/Location of Project	Type of Work Performed	Dollar Value of Contract
1.			
2.			
3.			

I. List the three largest active jobs on which your firm in is currently working:

Name of Prime Contractor and Project Number	Location of Project	Type of Work	Project Start Date	Anticipated Completion Date	Dollar Value of Contract

SECTION 5: TO BE COMPLETED BY SUPPLIERS

1. Indicate type of business operation:

☐ Dealer ☐ Manufacturer ☐ Wholesaler ☐ Other (specify) _____

2. Indicate material that your company **currently** markets:

☐ Automotive Products ☐ Building Materials ☐ Computer Products ☐ Cleaning Products
☐ Electrical/Electronic ☐ Office Products ☐ Equipment ☐ Agricultural Products
☐ Manufacturer ☐ Industrial Products ☐ Other (specify) _____

3. Specify the types of supplies provided _____

Does your business take ownership title to the goods supplied to customers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the business stock the goods it supplies to customers on property owned or leased by the firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**SLBE and/or SLBE-Water Services Department Engineering Professional Service
CERTIFICATION AFFIDAVIT**

State of _____)
) ss.
County of _____)

We, the undersigned officers of the afore-mentioned firm agree to the following conditions:

To abide by all of the rules and regulations governing the certification process hereafter.

(Note: If, after filing this application, and prior to the expiration of your certification, there is any change in the ownership and/or management of this firm, you must notify the Kansas City, MO Human Relations Department in writing within thirty days after the change. Failure to comply with this requirement may lead to a loss of certification.)

I _____ am seeking certification as a Small Local Business Enterprise and/or SLBE-Water Services Department Engineering Professional Service with the Kansas City, Missouri Human Relations Department.

The department has the right to conduct an on-site review of the firm's operations, as well as audit and examine the company's books and review contracts, company structure, facilities and to request whatever additional information it deems necessary from time to time, in order to monitor the status of the company, if the firm is certified by the department as a bona-fide SLBE and/or SLBE-Water Services Department Engineering Professional Service are true and complete, and include all material and information necessary to identify the firm as a SLBE and/or SLBE-Water Services Department Engineering Professional Service with the Kansas City MO Human Relations Department as well as identifying all current owners, directors, officers or members of the firm.

That the department may deny or rescind certification after applying its own procedures if, during or after the certification process it finds that the undersigned have submitted false, inaccurate, or misleading information.

Any material omission or misrepresentation will be grounds for terminating the eligibility of this firm as a certified or qualified SLBE and/or SLBE-Water Services Department Engineering Professional Service as well as any contract which may have been awarded upon those programs, and for initiating action under City and/or Missouri civil and/or criminal laws concerning false affidavits, false statements or declarations, perjury, fraud, stealing by deceit, or other applicable offenses. (Making a false affidavit is a misdemeanor. See Section 575.050, RsMo 1986.)

*Signature		*Signature	
Printed Name		Printed Name	
Title		Title	
Date		Date	

*Must be signed by at least one officer if a Corporation; one partner if a Partnership; or the proprietor if a Sole Proprietorship.

NOTARY PUBLIC

On this _____ day of _____, 20 _____, before me appeared

and _____ who, being duly sworn, did execute the fore-going affidavit, and did state they were properly authorized by the above-named SLBE/SLBE-Water Services Department Engineering Professional Service firm to execute this affidavit, and that they did so as their free act and deed.

Signed, _____, Notary Public

My Commission expires: _____

DOCUMENTS CHECKLIST- Please submit all documents as they apply to you and your company.

All Applicants

- ☐ 2 forms for proof of identification (Driver's License, Passport, Birth Certificate, etc.)
- ☐ Work experience resumes (that include places of ownership/employment with corresponding dates), for all owners and officers of your firm
- ☐ Resume for Spouse
- ☐ Company History – How the company was started and any significant events up to present date.
- ☐ Personal tax returns for the past three years, if applicable, for each owner
- ☐ Your firm's tax returns (gross receipts) and all related schedules for the past three years
- ☐ Documented proof of contributions used to acquire ownership for each owner (*e.g. both sides of cancelled checks*)
- ☐ Copies of contracts or invoices for services you performed (3 for each scope of work)
- ☐ Current Copy of Employees Payroll
- ☐ Your firm's signed loan agreements, security agreements, and bonding forms
- ☐ Descriptions of all real estate (including office/storage space, etc.) owned/leased by your firm and documented proof of ownership/signed leases
- ☐ List of equipment leased and signed lease agreements
- ☐ List of construction equipment and/or vehicles owned and titles/proof of ownership
- ☐ Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past two years
- ☐ Year-end balance sheets and income statements for the past three years (or life of firm, if less than three years); a new business must provide a current balance sheet
- ☐ KCMO Business License including all relevant licenses, license renewal forms, permits, and haul authority forms
- ☐ Bank authorization and signatory cards
- ☐ Schedule of salaries (or other compensation or remuneration) paid to all officers, managers, owners, and/or directors of the firm
- ☐ Trust agreements held by any owner claiming disadvantaged status, if any
- ☐ Job description- Key personnel and owners

Partnership or Joint Venture

- ☐ Original and any amended Partnership or Joint Venture Agreements

Corporation or LLC

- ☐ Official Articles of Incorporation (signed by the state official)
- ☐ Both sides of all corporate stock certificates and your firm's stock transfer ledger
- ☐ Shareholders' Agreement
- ☐ Minutes of all stockholders and board of directors meetings
- ☐ Corporate by-laws and any amendments
- ☐ Corporate bank resolution and bank signature cards
- ☐ Official Certificate of Formation and Operating Agreement with any amendments (for LLCs)

Trucking Company

- ☐ Documented proof of ownership of the company
- ☐ Insurance agreements for each truck owned or operated by your firm
- ☐ Title(s) and registration certificate(s) for each truck owned or operated by your firm
- ☐ List of U.S. DOT numbers for each truck owned or operated by your firm

Regular Dealer

- ☐ Proof of warehouse ownership or lease
- ☐ List of product lines carried
- ☐ List of distribution equipment owned and/or leased

NOTE: Once your application has been reviewed, additional required documents may be requested that you must also supply with your application.